March 20, 2012

Dear Members of the Interim Committee:

Thank you very much for your time and effort you have put into this committee's issues. We commend you for the work you have already done regarding Medicaid, medical marijuana, childhood hunger, and child/family services issues.

Since we testified before your committee last September, a grassroots organization named *Montanans Against Child Abuse* has been formed. We have been working diligently with people all over Montana, helping those in need, while networking with resources already available. Although we have worked long and hard, and many issues have been dealt with, our help is only a temporary band-aide to each situation unless we make significant changes in our current way of dealing with our children who are in dire need and depend upon our "system" to keep these safe.

It is up to us to either create a paradigm for serving our children which is likened to a well-greased steam engine or an ol' jalopy that is very inefficient and noisy, never capable of sorting the wheat from the chaff with any consistency whatsoever.

We have worked with Anna Whiting-Sorrel and Sarah Corbally. They are dedicated to making some revisions. However, even through their well-intended efforts, we are seeing very little, if any, noticeable positive change out in the field – and the disturbing reports just keep coming in to us. We both have full-time jobs, and needless to say, we are absolutely exhausted. We keep going because we do it for our Montana children, but at some point we all must realize our current system is broke and needs a total overhaul. We must change the way we are doing things. Anna and Sarah have been very receptive. The task before us is tremendous, but we need some noticeable changes and they need to come right away before we have more deaths or more children living with tremendous emotional scars!

Our message has not changed. It is very clear. We need the three following items:

1. Formation of a multi-disciplinary oversight board
2. Qualified Staff through tiered Training and Licensure/Certification
3. Localized Plans providing coordinated services to children.

The following pages will further explain these necessary items.

Thanks, again, for your efforts toward a viable solution for our children.

Respectfully Submitted,

Lois Leibrand

Lois Leibrand

Lisa Stroh

Lisa Stroh

# MULTI-DISCIPLINARY OVERSIGHT BOARD

1. Multi-disciplinary oversight board comprised of representatives from various backgrounds.
    - Members of this board appointed by the governor.
    - Goal - each member to serve a 3-year term. However, in an effort to have terms ending in a staggered manner, the first terms would need to vary in length from 1 to 3 years.
    - Members would include, but are not limited to, representatives throughout the state from the following fields of study: law enforcement, justice system, healthcare, education, social worker, tribal, foster parent, and two citizens at-large.
    - Chairperson elected each year and an executive secretary/ombudsman would be a paid position who would investigate referrals and report findings to the board.

2. Board much like oversight board for other licensed professions within the state.
    - Hear complaints/concerns from the field and also from the public. For example, if a person knows of a child who is in a very dangerous situation (e.g. experiencing physical abuse repeatedly) and the Dept. of Child & Family Services continually will not respond to this situation, the referring person could bring his documentation before this board.
    - Multi-disciplinary team would serve as another set of eyes and ears to make a determination if DFCS has done all they can do and/or if more needs to be done. For example, in the case of October Perez, many, many referrals were made and very little (almost nothing) was done by the department to protect her. The case worker told the referring person the "case was closed and DFCS was not accepting any more information on this child." Had this proposed oversight board been in place, October's paternal family, could have presented their documentation (including the very disturbing pictures of her teeth missing because they had been knocked out and the hair jerked out of her head). We have no doubt the actions of the oversight board could have saved October's life.

3. Board would hear from people who believe the DCFS have needlessly removed their children from the home.

4. Board would provide support to the DCFS.
    - For example, if a child dies from child abuse, and the board has reviewed this case, all the "blame" is not on DCFS.
    - Board serves as "checks and balances" for the DCFS. Many of these cases are very complicated and there is no “black or white” solution.
    - However, a team who looks at the situation from their various backgrounds will provide invaluable insight into situations!

5. Formation of this board shows the public that the (the public) DO have a voice.
    - Voice is heard and that DCFS is accountable.
    - As a state, we MUST have an avenue in which to hear these cases, especially when they involve the safety of our children.
    - Some of the decisions (or the lack of decisions) will determine whether a child lives or dies.

6. There is already an advisory council for DPHHS.
    - Composition of members and the purpose of this council is much different than the mission of this proposed multi-disciplinary team.

7. What is the cost of this board?
    - The members of this board would **not** be paid wage. They would be reimbursed for mileage, food and lodging – same as other oversight boards.
    - There would need to be a salaries person whose job would be to investigate referred cases and report information to the board members. When a citizen wishes to bring a case before the board, the citizen would contact and submit all information to this person.
    - Other boards throughout the state also have such a contact person. The benefit to the citizens of our state and to the safety of our children would far out weight the monetary *cost* for this salary. It would be money well-spent!

**OUR RECOMMENDATION:**

The formation of this board needs to come from the Governor. Therefore, we request this committee recommend to Governor Schweitzer that he work with us in gathering names of potential board members so he can appoint them to their respective positions as soon as possible. A message regarding this board would need get out to the citizens of Montana, whereby people could be recommended by others or they could complete an application themselves. ***We are willing to work with the Governor in this area to make this board a reality!***

## CERTIFICATION/LICENSURE:

1. We are NOT proposing that every person who works for DCFS be a licensed social worker.
    - Each person must be qualified, both educationally and through actions, in order to conduct investigations and make decisions regarding children.

2. Currently, the DCFS workers who go into the homes, conduct investigations, deal with the public, and make recommendations regarding if a child should remain in the home or should be removed – have no licensure or certification at all!
    - DCFS workers attend some training but they are not held accountable for their actions because they have no license or certificate to lose. For example, the case worker assigned to the October Perez case told the concerned paternal family members who made numerous referrals that she (the case worker) had conducted a four-day investigation and determined the home was "safe" for October and that she had "closed October's case and wasn't accepting any more information regarding October". After October was dead, this case worker either left DCFS on her own or was let go. Either way, she had no certification which could be revoked, due to her gross lack of judgment. Therefore, she obtained employment at Missouri River Manor as a "social worker" dealing with our elderly population. Research indicates the most vulnerable of our population is our children and our elderly.

    - Certification/licensure is put in place for 32 professions in Montana for the primary purpose of public safety. We have licensure for professions such as a nail technician, taxidermist, and a mortician, but not for a person who makes decisions regarding the placement and safety of our children! Why wouldn't we want the profession that deals with our children, elderly, and our most needy families to be protected in the same manner?

    - Take the situation of October's case worker whose employment ended with DCFS, the Human Resources Director where she applied for her next employment should have been able to go to the State of Montana Licensure Website and see if there are any negative marks on this person's certificate to determine if she should be hired or not.

3. Our organization, Montanans Against Child Abuse, as well as the The Montana Chapter of the National Association of Social Workers are advocates for a tiered system of licensure for people how work with children. This system is much like that of the healthcare profession.
    - We have doctors, NP (nurse practicioners), PA (physican assistants), RN (registered nurse), LPN (licensed practical nurse), and CNA (certified nurse's assistant). Some of these titles require licenses and some of them require certificates, depending upon the responsibilities

of the position. However, each job classification has its Code of Ethics which includes the safety of its clients, confidentiality, etc.

- Case workers that investigate child abuse must hold a certificate, at the very least. This means they have gone through a series of classes and are adequately supervised to perform the tasks according to their job description. Then if a situation occurs whereby they are grossly negligent, the public is protected because this person can't just walk away from the situation and do the same thing in another job (while the families of the dead children are trying to pick up the pieces of their lives).

4. If we intend to provide coordinated services to our children, there needs to be an exchange of information among professionals such as law enforcement, the school, healthcare professionals, as well as DCFS. However, when we (as mandatory reporters) make a referral to DCFS, they say it is against the law (and their policy) to report back to us so we know if any intervention has taken place. No one operates in a vacuum.
    - During the past year, we are hearing over and over that teachers and other "mandatory reporters" are NOT reporting to DCFS because they never are able to find out whether intervention has or hasn't taken place. This unknowingness makes the situation worse. In all reality, the employees of DCFS are the ONLY people in this "circle of professionals" who do NOT have a certificate and is NOT bound by a Code of Ethics or confidentiality like the rest of us! I (Lisa), being a County Superintendent of Schools, feels very uncomfortable making a report to Central Intake, knowing that person is NOT certified.
    - Considering the great amount of discussion that has taken place on this issue, we believe the state is increasing its risk liability by ***not*** requiring some sort of certificate for workers dealing with children.
    - Most case workers mean well and have good intentions, but they don't have the necessary set of skills to make a determination as to child placement, etc.

5. We do not profess to be experts in the field of social work.
    - The series of required courses in order to gain certification or licensure must be determined with great input from the Montana Chapter, National Association of Social Workers. They have researched this topic in regards to what other states require and they could provide very critical information which needs to be incorporated into a bill and presented to the legislature.
    - Similar bill has been presented before and was heavily lobbied against by DPHHS personnel. We must not settle for anything less than qualified people to work in this field.

6. DPHHS has said that it is difficult to find qualified people to work in this profession.
    - We have heard from several previous DPHHS employees who have reported they left the department due to overwhelming frustrations due to poor decisions made by untrained personnel.

7. In conclusion, many of our best employees are leaving because our untrained employees are driving them out!
    - We must stop this cycle!
    - We feel that through licensure/certification, the daily workings of this department would improve and proficient people would not leave the agency to work for other agencies which require this type of licensure/certification for employment.

8. There is one program through the University of Montana that will waive tuition for people going into social work, in exchange for a period of employment in high risk areas. This is great!
    - We need to get the word out to people regarding this program.

9. In speaking with Sarah Corbally, Director of Child Protective Services, she states that there is no pay increase for DCFS personnel who increase their educational level like there is in many professions such as teachers, nurses, etc.
    - Once a tiered system is in place, we believe a system like this would encourage staff to better themselves educationally.
    - Cost would be some additional money to implement a tiered system of pay, but this profession needs to be treated like any other profession within the state.

ON-GOING IN-SERVICE TRAINING:

Regional Training makes it more conducive to people being able to attend.

Helena is not the end-all. Eastern Montana exists!

Have enough people on staff so some can "hold the fort down" while the others are gone.

**OUR RECOMMENDATIONS:**

DPHHS and the Montana Chapter, National Association of Social Workers must investigate what other states are requiring for certification/licensure. A bill would be drafted and presented at the legislative session proposing a tiered system of licensure/certification. California has this system of certification/licensure. Cory Costello told me today DPHHS is in support of this certification/licensure.
Laws need to be changed so DFS exchanges information with mandatory reporters.
Laws need to be in place so DCFS personnel are mandatory reporters.

## LOCALIZED PLANS

The concept of the countywide plans for serving children is tailored after the model used for trauma patients within our state (EMS and Trauma System). Lois Leibrand, RN and Daniels Memorial Healthcare Center Trauma Coordinator, has taken the lead in this effort since she knows first-hand, how refined and smoothly this system works with victims in times of emergency throughout the state of Montana.

- This same model can be tailored to suit the needs of children who are referred as possible victims of abuse or neglect can be served very efficiently in this manner.

Why should the state change its current system to countywide plans?

1. Currently, centralized intake of referring children is not effective because severe cases of abuse are going unrecognized by a "stranger" on the end of a telephone line, and one that is very unfamiliar with the child's location, and living situation.
2. Montana is a very diverse state and children must be also treated with more than a "one size fits all" mentally (like we currently have at Central Intake). There is no way for Central Intake personnel to know the area in which the child is living (e.g. south of Cleveland, north of Turner, south of Biddle). This state is very diverse from Kalispell to Plentywood to Ekalaka to Dillon.
3. The Central Intake operator has no ability to link this concern for a child to other reports (e.g. prior referrals on this student or his siblings or prior police reports such as drug busts at that house or domestic violence reports or prior threats by the parent to harm their child). I spoke with Sarah Corbally and she states DPHHS is trying to link all referrals on a child together, but the computer system is outdated and needs to be updated.
4. In summary, there is a wealth of background information that is very important that can be part of the decision as to the invention, if any, regarding a child. A stranger on the end of a phone is in no position to make that determination with just the information provided in the referral (when it is dealt with all by itself).

What would a localized plan include?

1. Identify the resources that serve children within each region, include:
   a. Name of agency and contact information (e.g. schools, public health nurse, DPHHS agencies such as Youth Dynamics or Quality Life Concepts, churches, boys and girls club, community service groups, volunteers, juvenile probation, mental health center, family violence program, police, county attorney).
2. Develop a flow chart showing the process for all referrals regarding children. In some cases, the call would begin at the police department. The advantage for this is:
   a. This information would be entered into the database with other family information (e.g. prior children referrals, prior domestic violence reports, drug busts, etc.). In order to get the complete picture of a child, one must have access to all information which the DCFS system would not have.
   b. If a child needs a welfare check, the police can do it immediately.

c. Any criminal behavior would already be at the police department, as this is not the case with our current system.
d. The Police Dispatch Center is open and available for call 24 hours/day. Most counties would be able to handle the influx of calls. For the more populated counties, an additional person may need to be hired to take these calls.
e. The referrals concerning children would be made to a location which is in close proximity to where the child lives. The personal taking and dealing with this call would be familiar with the area (e.g. rural roads, residents of that geographical area), as well as with the family, on some occasions.

3. If a child needs to be referred to DCFS, the police officer would do this. At the present time, DCFS is not required to report criminal behavior to the police. Therefore, our children continue to remain at risk (e.g. sexual perpetrator in Billings who re-offended and was never reported to police, but rather had a "plead deal" with DCFS that his offense would go UN-reported if he participated in a sexual offender program.

4. DCFS would receive the referrals and process them as needed. At least they would have the complete picture of the referral.

5. On a monthly basis, ALL referrals made to the police department would be reviewed at the Child Protective Team meeting. This is a team approach and the likelihood of a child in need being overlooked would be minimal. If a referral to DCFS was made, they would report back to the team and a suggestion for further follow-up (or not) would be recommended. At the present time, it is the decision of the Central Intake operator whether these referrals "make the cut" to be discussed at the local staffing. DCFS personnel say they are working on this area, but we see no positive results yet.

6. Although the other agencies would be identified and used as resources (e.g churches, girls and boys clubs), only the professionals would be members of the Child Protection Team. At each month's meeting there would be a report back to the committee regarding specific children and the follow-up that had taken place during the past month.

7. On a quarterly basis, there would be a regional meeting of several counties. At this meeting, each county would briefly report on a couple of cases regarding what went right and what went wrong. This regional team would learn from each other and provide suggestions if needed.

8. Once per year, there will be a state meeting to discuss some of the landmark cases in which we all can learn and make improvement in each county.

9. These localized plans foster collaboration within the agencies of the county. Then the regional meetings foster collaboration among the counties. Lastly, the state meeting encourages collaboration among the state. At these meetings, team

members not only learn about cases, but they network with other professionals. Hopefully, this networking will encourage interaction among the professionals on an ongoing basis, serving as resources for each other.

10. In conclusion, the localized plans are a way of giving ownership of our children's issues back to the counties because when Centralized Intake is used, we are basically shedding our responsibilities for our children onto an agency clear across the state. In each county there are many people who are capable, willing, and knowledgeable about the area and appropriate interventions.

11. How is this funded? Some counties will be able to handle the influx of referrals via their current police/sheriff's dispatcher. In the more populated counties, there might need to be a specific position added to the take these referrals. However, there will be some monies saved with the dissolution of Central Intake.

Above, there has been an explanation of Localized Plans and how they operate.
Next is an explanation regarding how they can be initiated within each region:
Provide grants for counties/regions to use as start-up monies. For the less populated counties, $5,000 would be adequate. For the more populated counties, $10,000 would be adequate. Communities would make an application for grant monies to be paid in two installments, with accountability built in to the model.

Conclusion: The formation of localized plans is quite an undertaking. However, if the communities are supported by adequate personnel and financial support, the outcomes for our children will be well worth the cost!

**OUR RECOMMENDATIONS:**

A formal decision must be made to begin the process of localized plans. There may be a need to hire facilitators in each region who are dedicated to listening to the people within each community and help develop a plan that is workable for that region.

# Qualifications

**Lois Waller Leibrand** –
Education: Bachelor Degree Nursing

Employment: Daniels Memorial Healthcare Center, Scobey Montana
Responsibilities include :

- Department Manger of Home Visiting Nurse Service
- Charge Nurse
- Trauma Coordinator
- Employee Health Nurse
- Certified Chemotherapy Registered Nurse
- Infection Control Officer
- Emergency Preparedness Coordinator

Other duties include:

- Daniels County Public Health Immunization Coordinator –administer immunizations for ages baby to adult and work closely with Public Health Nurse

Lois has been involved with children for many years.

- Previous licensed Day Care Provider
- Involved in Boy and Girl Scouting Programs—Received the Silver Beaver Award in 2008, which is the highest award a volunteer can achieve in the scouting program for dedication to youth in scouting.

# Qualifications

**Lisa Stroh, Ed. D. –**
Education:

Doctorate Degree: Public School Administration
(emphasis in Curriculum & Instruction)

Masters Degrees: School Administration
Special Education (emphasis in Learning Disabilities)
Bachelor Degrees: Elementary Education & Special Education
Endorsements: School Superintendent
Special Education Administration

Certified General Real Estate Appraiser: Residential, Commercial, & Agricultural properties

Employment: Blaine County Superintendent of Schools, Chinook, MT

Other duties include:

- Own and operate family farm, Harlem, MT
- Phi Delta Kappa, Member, Organization of Professional Educators
- Veterans of Foreign Wars, Lifetime Member, Have been a member for 32 years

Lisa has been involved with children for many years.

- Elementary School Teacher, 10 years (Regular & Special Education)
- Public School Principal, 9 years (K-12)
- College Professor, Fort Belknap College, 3 years
- Very involved in Chinook's AAU Wrestling Program, 15 years (Ages 4–18); Developed an Athletic Aide Fund to assist children financially to attend camps, meets, and tournaments
- Raising Three children: Robert (age 20); Benjamin (age 18), and Rebecca (9)